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									(Depositor's name)	
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APPLICATION NO.	APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			RNEY DOCKET NO.	CONFIRMATION NO.	
10/679,938 10/06/2003				Benjamin Ari Tober 111244.150 (US2) 3607					3607	
TITLE OF INVENTION	MANAGING RESOU	RCES FO	R IP NETWOR	KING						
APPLN. TYPE	SMALL ENTITY	LENTITY ISSUE F		PUBLICATION FEE DUE		PREV. PAID ISSU	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$1510		\$300		\$0		\$1810	09/03/2009	
EXAMINER ART UN				CLASS-SUBCLASS						
HOANG,	709-250000									
1. Change of corresponde CFR 1.363). Change of corresp Address form PTO/SB D "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME AJ	(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent listed, no name will THE PATENT (print o	Le For printing, on the patent front page, list (1) the names of up to 3 registered patent attorneys, x agents OR, alternatively, 20 the name of a single firm thaving as a member a registered attorney or agent) and the amnes of up to 10-10, no summ will be printed. 10-10 TAFENT (first or type) 10-11 TAFENT (first or type) 10-12 TAFENT (first as assignment is identified below, the document has been filled for 10-10 the patent.								
recordation as set forth (A) NAME OF ASSIC	ess an assignee is ident in 37 CFR 3.11. Com ENEE	ified belo pletion of	w, no assignee this form is NO	data will appear on the filling (B) RESIDENCE: (C)					cument has been filed for	
Starent Networks Corporation Tewksbury, MA										
Please check the appropri	ate assignee category or	categorie	s (will not be pr	inted on the patent):		Individual AC	rporati	on or other private grou	pentity Government	
4a. The following fee(s) are submitted: Ab. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Chief Pryment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Discort is hereby authorized to charge the grouping fee(s), any deficiency, or credit any overspyment, to Depoil Account Number 188-1021_2. (enclose an extra copy of this form).										
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